

DECLARATION FOR 37 ATTORNEY
10070094 030702
COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU3517USW

First Names Inventor:
**Clarence Webster
ANDREWS**

Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BENZOPHENONES AS INHIBITORS OF REVERSE TRANSCRIPTASE

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 31 August 2000 as United States application Serial No. _____ or PCT International

Application Number PCT/EP00/08487 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1 9920872.0	GB	09/04/1999	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

COMBINED DECLARATION OF UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

 ATTORNEY'S DOCKET NUMBER
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Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)



Send Correspondence to:

23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

 Karen L. PRUS
 919-483-2192

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	ANDREWS	Clarence	Webster, III	
0	INVENTOR'S SIGNATURE	Signature	Date:	
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Durham	US	US	
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	Durham	North Carolina 27709, US	
	Five Moore Drive, PO Box 13398			
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	CHAN	Joseph	Howing	
0	INVENTOR'S SIGNATURE	Signature	Date:	
2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Durham	US	US	
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	Durham	North Carolina 27709, US	
	Five Moore Drive, PO Box 13398			
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FREEMAN	George	Andrew	
0	INVENTOR'S SIGNATURE	Signature	Date:	
3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Durham	US	US	
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	Durham	North Carolina 27709, US	
	Five Moore Drive, PO Box 13398			
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	ROMINES	Karen	Rene	
0	INVENTOR'S SIGNATURE	Signature	Date:	
4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Durham	US	US	
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	Durham	North Carolina 27709, US	
	Five Moore Drive, PO Box 13398			

**COMBINED DECLARATION FOR UTILITY or DESIGN
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		TIDWELL	Jeffrey	H.
0	INVENTOR'S SIGNATURE	Signature		Date:
5	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	US	US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Glax SmithKline Five Moore Drive, PO Box 13398	Durham	N rth Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		PIANETTI	Pascal	Maurice, Charles
0	INVENTOR'S SIGNATURE	Signature		Date: 22/08/08
6	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Les Ulis	FR	FR
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Durham	North Carolina 27709, US

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**COMBINED DECLARATION FOR UTILITY or DESIGN
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)



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Direct Telephone Calls to:

Karen L. PRUS
919-483-2192

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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	ANDREWS	Clarence	Webster, III
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date: 3/1/02
1	POST OFFICE ADDRESS	Durham	US	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Durham	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CHAN	Joseph	Howing
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date: 3/1/2002
2	POST OFFICE ADDRESS	Durham	US	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Durham	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	FREEMAN	George	Andrew
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date: 3/1/02
3	POST OFFICE ADDRESS	Durham	US	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Durham	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	ROMINES	Karen	Rene
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date: 1 March 2002
4	POST OFFICE ADDRESS	Durham	US	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Durham	North Carolina 27709, US

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2505	FULL NAME OF INVENTOR	FAMILY NAME TIDWELL	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL H.
	INVENTOR'S SIGNATURE	Signature <i>Jeffrey H Tidwell</i>		Date: <i>02/20/2002</i>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2606	FULL NAME OF INVENTOR	FAMILY NAME PIANETTI	FIRST GIVEN NAME Pascal	SECOND GIVEN NAME/INITIAL Maurice, Charles
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Les Ulis	STATE OR FOREIGN COUNTRY FR	COUNTRY OF CITIZENSHIP FR
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US